BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Colum						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(55,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1				Г	RATE	FEE	l I	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			/ minus 20= *		· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			7) minus 3 =		• 0			X40=		OR	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT 					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II								OTHER THAN	
_		(Column 1)		(Colur		(Column 3)	1 -	SMALL E		OR	SMALL	
AMENDMENT A	***	REMAINING AFTER AMENDMENT	† \$ A \$ > 4	NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL IDDIT. FEE		OR	TOTAL ADDIT. FEE	
		_					•					
AMENDMENT B	中省 安徽	CLAIMS REMAINING AFTER AMENDMENT	\$ 48 # \$ 42.7c	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┇╏	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
							Ĺ	+135=		OR	+270=	
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	**** **** ***	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 4114	<u> </u>	.	X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
**	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THIS	S SPACE is	s less tha	n 20, enter "20.	." А	TOTAL DDIT. FEE		OR	ADDIT. FEE	
		nber Previously Pa					er four	nd in the app	ropriate box	in col	umn 1.	